

EPA ID NUMBER:

GENERATOR NAME:

Page __ of __

PART TWO – Waste Identification (See Instructions) (Make copies of this sheet for additional pages.)

	A	B	C	D	E		F	G	H
Line #	Is this Remediation Waste? Place 'X' in box if Yes	Description of Waste	EPA Hazardous Waste Codes (D001, D002...)	Amount of Waste Generated	Unit of Measure		Amount Shipped Off-Site	Waste Minimization Code (see Instructions, page 4)	Transporter (T) EPA ID Number (#) & Name
					Density				Receiving Facility (R) EPA ID Number (#) & Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # T Name R # R Name

Comments